

OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 2018



U.S. Department of Labor

Occupational Safety and Health Administration

Establishment name CHA1

Company Name Amazon.com,dadc LLC

City Chattanooga State Tennessee

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, Days Away From Work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.

Identify the person

(A) Case Employee's Name no.
(B) Job title
(e.g., Welder)

Describe the case

(D) Date of injury or onset
Where the event occurred
(e.g., Loading dock north end)
of illness

(F) Describe injury or illness, parts of body affected, using these four categories, check ONLY
and object/substance that directly injured or made person ill (e.g.,
Second degree burns on right forearm from acetylene torch)

Classify the case

Enter the number of days the injured or ill worker was:
Check the "Injury" column or choose one type of illness:

(G)	(H)	Days away from work	Remained at work	Away from work or restriction (K)	On job transfer or restriction (L)	(M)						
						Injury	Sick	Disability	Rehabilitation	Product	Holiday	Leave
(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)	All other
473	<u>Amazon Warehouse Associate</u>	1/4	<u>Tranship</u>	<u>Strain/strain, Back, Lower Back, Favo: Pallet Jack</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>60</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
474	<u>Temporary Warehouse Associate</u>	1/2	<u>West Mod</u>	<u>Strain/strain, Back, Lower Back, Right Hip/pelvis, Right Great Toe, Tote: Heavy</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
475	<u>Amazon Warehouse Associate</u>	1/9	<u>Bottom of Main Stairs</u>	<u>Strain/strain, Leg, Left Calf, Stair/Ladr: Stairs</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>22</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
476	<u>Warehouse Associate</u>	1/15	<u>Pack Station 520</u>	<u>Contusion/bruise, Finger, Right Index Finger, Other</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
477	<u>Amazon Warehouse Associate</u>	1/20	<u>P2-C228</u>	<u>Strain/strain, Hand, Left Hand, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>12</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
478	<u>Amazon Warehouse Associate</u>	1/25	<u>Pick mods</u>	<u>Fracture /Non-Hairline), Arm, Right Forearm, Favo: Pallet</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5</u> days	<u>20</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
479	<u>Amazon Warehouse Associate</u>	2/2	<u>East Pick Mod</u>	<u>Sprain/strain, Foot, Right Foot, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>38</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
480	<u>Amazon Warehouse Associate</u>	2/8	<u>Tranship</u>	<u>Strain/strain, Back, Upper Back, Tote: Heavy</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>26</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
481	<u>Amazon Warehouse Associate</u>	2/11	<u>case to tote</u>	<u>Strain/strain, Elbow, Left Elbow, Tote: Tote - w/ product</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
482	<u>Warehouse Associate</u>	2/16	<u>Stow/Mods/Case-to-Tote</u>	<u>Strain/strain, Back, Lower Back, Tote: Tote - w/ product</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> days	<u>11</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
483	<u>Amazon Warehouse Associate</u>	2/16	<u>P-1-C224637</u>	<u>Sprain/strain, Leg, Left Calf, Stool: Stepmol - 2-step</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2</u> days	<u>4</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
484	<u>Amazon Warehouse Associate</u>	2/16	<u>P1</u>	<u>Strain/strain, Shoulder, Right Shoulder, Product: Other</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>180</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
485	<u>Amazon Warehouse Associate</u>	2/24	<u>P1-P2 Stairs East closest to P-1A2413</u>	<u>Sprain/strain, Groat, Groat, Stair/Ladr: Stairs</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>8</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
486	<u>Warehouse Associate</u>	2/26	<u>unknown</u>	<u>Strain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>180</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
487	<u>Amazon Warehouse Associate</u>	3/16	<u>Stairs to 6 to 1 on west side</u>	<u>Strain/strain, Ankle, Left Ankle, Stair/Ladr: Stairs</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>6</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
488	<u>Amazon Warehouse Associate</u>	3/16	<u>Unknown</u>	<u>Strain/strain, Abdomen/lower trunk/buttocks, Groin, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>180</u> days	<u>2</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
489	<u>Amazon Warehouse Associate</u>	3/18	<u>P2 East Back Library Diver</u>	<u>Strain/strain, Back, Lower Back, None</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>40</u> days	<u>0</u> days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50	Amazon Warehouse Associate	10/2	East 2nd Floor	Sprain/strain, Shoulder, Left Shoulder, Toe; Toe - w/ product	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
50	Temporary Warehouse Associate	10/6	pick mod	Contusion/bruise, Ankle, Right Ankle, Foot; Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
50	Temporary Warehouse Associate	10/9	Unknown	Sprain/strain, Ankle, Right Ankle, Right Foot, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
50	Yard Specialist Associate	10/15	Trailer yard	Respiratory irritation, Internal Systems/Organs, Respiratory System, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
50	Temporary Warehouse Associate	10/17	Unknown	Abrasion/scratches (superficial), Wrist, Right Wrist, Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
50	Amazon Warehouse Associate	10/18	Ship Dock	Crushing/entrapment injury, Toe, Left Second Toe, Left Middle Toe, Foot; Pallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Amazon Warehouse Associate	10/25	Deck door 156	Laceration/cut/open wound, Head other than face, Scalp, None	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
50	Warehouse Associate Associate	10/28	East Receive dock	Fracture (Non-Hairline), Finger, Right Little Finger, Product; Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Warehouse Associate Associate	11/1	Ship Dock	Foreign body/puncture (e.g. splinter), Eye, Left Eye, Foot; Pallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Warehouse Associate Associate	11/19	Pack	Sprain/strain, Back, Lower Back, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Amazon Warehouse Associate	11/25	P-1 West T/LU 190	Laceration/cut/open wound, Hand, Right Hand, Toe(s); SEMI-DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Amazon Warehouse Associate	12/2	P-1 East side	Sprain/strain, Shoulder, Right Shoulder, Product; Heavy / Bulky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Warehouse Associate Associate	12/9	main due back decent	Sprain/strain, Wrist, Left Wrist, Cart; U-Bolt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Amazon Warehouse Associate	12/10	East mods, first stairwell off the green mile	Contusion/bruise, Hand, Right Hand, Right Index Finger, Right Thumb, Stain/Lad; Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Warehouse Associate Associate	12/10	Pack station	Contusion/bruise, Hand, Left Hand, Facility; Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Amazon Warehouse Associate	12/15	pack station	Sprain/strain, Arm, Right Upper Arm, Right Forearm, Right Wrist, None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page totals ►

0	42	11	16	2,684	300	69	0	0	0	0	0	0	0	0	0	0	0	0	All other conditions
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Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of the data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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